

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90147 008 ***150.00

DOCUMENT # P01000028482

1. Entity Name
THAT IS IT - A JE TO, INC.

Principal Place of Business
2738 ROOSEVELT BLVD. APT 423
CLEARWATER FL 33760

Mailing Address
2738 ROOSEVELT BLVD. APT 423
CLEARWATER FL 33760

2. Principal Place of Business
1811 CLEARBROOK DR.

3. Mailing Address
1811 CLEARBROOK DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CLEARWATER

City & State
CLEARWATER

4. FEI Number
59-3704858

Applied For
Not Applicable

Zip **FL** **Country** **33760**

Zip **FL** **Country** **33760**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

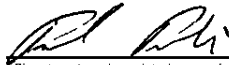
7. Name and Address of New Registered Agent

PASEK, MICHAEL D
4851 85TH AVE
PINELLAS PARK FL 33781

Name **PAVEL PAVLU**
Street Address (P.O. Box Number is Not Acceptable)

6225 DALE HARRY HWY #816
City TAMPA FL Zip Code 33414

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE 

PAVEL PAVLU

2-9-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **PAVLU, PAVEL**
STREET ADDRESS **6225 DALE HARRY HWY #816**
CITY-ST-ZIP **TAMPA FL 33414**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MACHU, MILOSLAV**
STREET ADDRESS **2738 ROOSEVELT BLVD, APT 423**
CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE **D** ☒ Change ☐ Addition
NAME **MACHU, MILOSLAV**
STREET ADDRESS **1811 CLEARBROOK DR.**
CITY-ST-ZIP **CLEARWATER, FL 33760**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **PAVEL PAVLU**

2-9-02 (813) 601-3843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #